APPLICATION FOR REGISTRATION OF DOMESTIC PARTNERSHIP

The City of Seattle, Washington

APPLICANT ONE:			
NAME (First, Middle Initial, Last)			
APPLICANT TWO:			
NAME (First, Middle Initial, Last)			
ADDRESS (Mailing)			PHONE NUMBER
Yes We are in a relationship of mutual support, caring and commitment. Yes We are not related by blood closer than would bar marriage in the State of Washington. Yes We are each other's sole domestic partner. Yes We are both at least 18 years of age.			ate of Washington.
WE, THE UNDERSIGNED, CONSIDER OURSELVES TO BE DOMESTIC PARTNERS AS DESCRIBED ABOVE, AND WISH TO REGISTER OUR DOMESTIC PARTNERSHIP WITH THE CITY OF SEATTLE, OFFICE OF THE CITY CLERK, PURSUANT TO CITY COUNCIL ORDINANCE NO. 117244, AND REQUEST THAT THE CITY CLERK ISSUE TO US A CERTIFICATE OF REGISTRATION OF DOMESTIC PARTNERSHIP.			
We understand that the Registration of Domestic Partnership is not a marriage certificate.			
 We understand that the Registration of Domestic Partnership does not afford our relationship any new or different legal status. 			
• We understand that neither this application nor the registration is intended to create any new or different legal rights or responsibilities.			
 We understand that neither this application or the registration is intended to either establish or evidence any contractual relationship or contractual obligations between us. 			
 We understand that this Application for Domestic Partnership and a Registration of Domestic Partnership issued by the Office of the City Clerk are public records (pursuant to RCW 42.56). 			
APPLICANT ONE:		APPLICANT TWO:	
Signature		Signature	
SUBSCRIBED AND SWORN TO BEFORE ME		SUBSCRIBED AND SWORN TO BEFORE ME	
this,,		this,,,	
Notary Public		Notary Public	
MY COMMISSION EXPIRES:		MY COMMISSION EXPIRES:	
F	OR OFFICE USE ONLY		TED APPLICATION FORM, EGISTRATION FEE TO:

DATE PAYMENT RECEIVED

DATE CERTIFICATE MAILED:

DATE CERTIFICATE ISSUED:

Office of the City Clerk 600 Fourth Avenue, Floor 3 P. O. Box 94728 Seattle, WA 98124-4728